

REMARKS

Claim 52 is currently pending in the application, and is in independent form. Claim 52 stands rejected under 35 U.S.C. §103(a), as being unpatentable over U.S. 20020002325 to Iliff. Reconsideration of the rejection under 35 U.S.C. § 103(a), as anticipated by the Iliff application, as applied to the claims, is respectfully requested.

The Office Action has held that the Iliff application discloses that a Node Object (NO) describes the software elements required to ask a single question of the patient and to return the response selected by the patient. The NO presents the required data to the GUI in a form that appears in a user-friendly manner on the user display. The task of the NO is to possibly re-prompt the user, and to present the required data to the GUI in a user-friendly form, wait some amount of time for a user response, possibly re-prompt the user, and ultimately return the user's response. Iliff further teaches that the synergy invention approximates a medical expert's cognitive process by providing for non-linear weighing of symptoms. If the diagnostic mode is to select the candidate disease using some other criterion such as direct patient input, a certain function moves its state, which uses some other criterion in a similar manner to select the disease. The synergy invention further dynamically guides the diagnostic process into productive channels. A first order effect is the use of diagnostic weights for simple symptom values. A form or screen lets a patient arrange a set of symptoms into the time order in which they occurred. The use of time-based synergistic values is a second-order effect, which is a mathematical "fine-tuning" that helps to differentiate competing diagnoses. The NO may also re-prompt the user, update all working lists and records, and a diagnostic report is prepared, summarizing the actions taken and results computed.

The Office Action has further held that the above invention disclosed by the Iliff application meets and anticipates the present applicant's claim limitations of: inputting patient data into information prompting forms, navigating through

additional information prompting forms relevant to a patient encounter, displaying previously entered information and corresponding conclusions, selecting the desired information and corresponding conclusions to be augmented, providing at least one of alternative conclusions and additional criteria to be inputted, choosing at least one of the previously entered information, corresponding conclusions, alternative conclusions, and additional criteria, calculating more accurate conclusions based upon all entered information and related predetermined criteria, displaying a selection of prompted information forms, providing more accurate and alternative conclusions, and predetermined criteria supporting the conclusions, choosing, adding, deleting, or modifying a conclusion, providing additionally prompted information forms, recording and saving the calculated conclusions, and summarizing all entered data.

It is respectfully submitted that the Iliff application discloses a computerized diagnostic method. Paragraph blocks [0009] – [0011] of the Iliff application repeatedly and clearly identify the objective and goal of the Iliff invention as "to declare a diagnosis." This objective is further emphasized by Iliff's emphasis in paragraphs [0009] – [0011] that the user to whom this diagnostic method is directed is the patient. That is, the method is designed to interact with a patient by presenting the patient with a series of questions, and based on the patient's responses a diagnostic suggestion is computed. This is further supported by the language of claim 1 of the Iliff application which states (emphasis added): "A computerized **diagnostic method**, comprising: repetitively asking questions to elicit responses **from a patient**, the responses establishing symptoms, each established symptom contributing a weight to a disease; generating one or more synergistic weights based on the established symptoms; accumulating established symptom weights and synergistic weights for the disease; and determining whether the cumulative weight for the disease reaches or passes a threshold **so as to declare a diagnosis.**" The language of Iliff's claim 1 defines Iliff's invention as a diagnostic method, for use by a patient,

whose responses are used in order to compute and declare a diagnosis.

In contradistinction, the method as recited in the presently pending independent claim is directed **not** towards a **patient**-interactive diagnostic method for **declaring a diagnosis**, as in the Iliff application, but rather towards a **health-care provider**-interactive method for **supporting and augmenting a diagnosis as needed for appropriate DRG** (Diagnosis Related Group) **assignment**. As such, it is respectfully submitted that the intended user, method steps used, and ultimate result and objective of the presently pending application are wholly distinct from and were never contemplated by Iliff.

As recited in the presently pending claim, the present application defines a (emphasis added) "**clinician documentation method** for use with an electronic processing device **to better support and define a medical diagnosis as needed for appropriate DRG** (Diagnosis Related Group) **assignment**." That is, the present invention is directed towards the improvement of the quality of information provided by the physician. In other words, the present invention elicits both additional information and additional documentation as **support for a diagnosis**. With this improved information, the hospital's clinical quality and safety ratings will be enhanced, a more appropriate evaluation of resources usage will be determined and the hospital will be reimbursed by payors at the most appropriate level. The system accomplishes this by requesting predetermined information based upon the existence of specific criteria.

In the present invention, the presence of the health-care provider is crucial – indeed, the entire invention is directed towards use by the health care provider. The present invention serves not to replace in any way the role of the health care provider, but rather to assist him/her in collecting all the relevant documentation needed to support a diagnosis (one arrived at by the health-care provider) in order to improve the quality of patient information, and specifically to better define a DRG assignment including all necessary documentation. There exist thousands of coding rules and some are dependent on specific information

or verbiage that the clinician uses to document the patient's condition and the clinician's observations and conclusions. The presently pending independent claim recites a method that enables the user (the health-care provider) to better define the patient encounter by eliciting further details from the user based upon the information entered by the user. This additional documentation is directed towards supporting DRG (Diagnosis Related Group) assignment.

Iliff, on the other hand, specifically teaches a diagnostic method designed to interact with a patient. That is, the stated objective of Iliff, as described above, is a method with which a patient interacts, in order to declare a diagnosis, thereby reducing or eliminating the need for human health-care providers. As Iliff is directed towards a method which seeks to replace the need for human health-care provider inquiry and diagnosis, one can conclude that Iliff cannot be directed towards a method whereby such human-generated diagnoses are augmented and supported. Indeed, Iliff's method seeks to remove the need for such human intervention altogether. Furthermore, Iliff makes no mention of the supporting of the diagnosis for DRG assignment via additional documentation – a novel and unique aspect toward which the present invention is directed. Furthermore, as described above, Iliff's stated objective is to simply "declare a diagnosis" – once a diagnosis is declared, Iliff's method has achieved its objective. The present invention, on the other hand, only begins with the declaration of a diagnosis – that is, on the part of a health-care provider. The declaration of the diagnosis serves as the starting point of the present invention, whereby the user (the health-care provider) then supports and augments this initial diagnosis with the necessary documentation needed to properly document his/her conclusion, specifically with regard to DRG assignment. As such, it is respectfully submitted that the method, objectives, and scope of the present invention lay far beyond that which is described in the Iliff application.

Therefore, since the Iliff application does not disclose the method of the presently pending independent claim, it is respectfully submitted that the claim

stands as patentable over the Iliff application and reconsideration of the rejection is respectfully requested.

Applicant respectfully requests to be contacted by telephone at (248) 539-5050 if any remaining issues exist.

The Commissioner is authorized to charge any fee or credit any overpayment in connection with this communication to our Deposit Account No. 11-1449.

Respectfully submitted,

KOHN & ASSOCIATES, PLLC



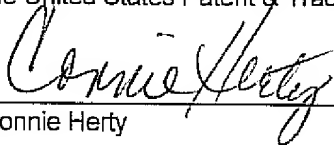
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Connie Herty